FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-0104 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Brooks James M 2. Date of Event Requiring Statement (Month/Day/Year) 01/04/2016 | | | nent | 3. Issuer Name and Ticker or Trading Symbol OptimizeRx Corp [OPRX] | | | | | | | | |
|--|---------------------|--------------------|---|---|---|--|--|---|---|---|--|--|
| (Last) 400 WATER S | (First) TREET, SUIT | (Middle) FE 200 | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | 5. If Amendment, Date of Original Filed (Month/Day/Year) | | | |
| (Street) ROCHESTER | MI | 48307 | | | X | Officer (give title below) SVP of Business Dev | Other (spe below) relopment | cify | | cable Line) Form filed b | t/Group Filing (Check y One Reporting Person y More than One erson | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| Table I - Non-Derivative Securities Beneficially Owned | | | | | | | | | | | | |
| 1. Title of Security (Instr. 4) | | | | | Amount of Securities eneficially Owned (Instr. 4) 3. Ownership Form: Direct (or Indirect (I) (Instr. 5) | | ct (D) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) | | | | |
| Common Stock | | | | | | 0 | D | | | | | |
| Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 4) 2. Date Exercisable a Expiration Date (Month/Day/Year) | | ate | nd 3. Title and Amount of Secur Underlying Derivative Securi | | ty (Instr. 4) Conve | | rcise Form: | | 6. Nature of Indirect Beneficial Ownership (Instr. 5) | | | |
| | | | Date Exercisable | Expiration Date | n Title | | Amount or Number of Shares | Price o Deriva Securi | tive | Direct (D) or Indirect (I) (Instr. 5) | | |

Explanation of Responses:

/s/ James M. Brooks

01/20/2016

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

^{**} Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).